

**California Energy Commission**  
*Energy Partnership Program*  
**Technical Assistance Application**

**1. Applicant Information**

Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

Website Address \_\_\_\_\_

**2. Project Description**

A. We are applying for the following assistance (check all that apply):

☐ New construction design assistance

☐ Energy assessment of existing facilities

☐ Other—specify \_\_\_\_\_

B. For each item checked in 2A, discuss why you need assistance.

C. Discuss any plans to remodel or change the use of any facilities for which you are requesting assistance.

D. Describe any maximum payback or cost-effective criteria for your projects.

### 3. Project Schedule

Discuss your implementation schedule for projects recommended through the Energy Partnership Program.

Tentative project start date \_\_\_\_\_

Tentative project completion date \_\_\_\_\_

### 4. Project Commitment

- A. Discuss how you will implement the projects recommended through the Energy Partnership Program. Indicate current contracts or relationship with architects, consultants, energy services companies, utilities, or others that may help with project implementation.
- B. Discuss how you plan to fund any recommended energy options identified through the Energy Partnership Program. NON-PROFITS—please provide recent annual financial statements.

### 5. Project Team

In Table 1, identify the key responsible people who will comprise your Energy Partnership Program Team.

Table 1			
Title	Name	Phone Number	E-Mail
Maintenance/Facility Director			
Public Works/General Services Director			
Finance Director			
Name of Electric Utility and			
Name of Field Representative			
Name of Natural Gas Utility and			
Name of Field Representative			
Others			

### 6. Certification

To the best of my knowledge and belief, the data in this application are correct and complete.

Name of Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

## 7. Building Information

For each facility listed in Table 2, provide annual electric, natural gas, and other energy bills (e.g., propane and oil). You should prioritize your facilities from highest to lowest. Use additional pages if needed.

**Table 2**

Facility Name and Address	Technical Assistance Desired (check all that apply)			Year Built	Estimated Building Square Feet	Identified Energy Efficient Projects Completed and Year Completed
	New Construction	Energy Audit of Existing Facility	Other Specify			
<b>Example:</b> City Hall 111 California Street Sacramento, CA 95814		✓		1980	50,000	Lighting (1998) HVAC replaced (1995) Motor replaced (1994)

**Mail to:** California Energy Commission  
Energy Partnership Program  
Public Programs Office  
1516 Ninth Street, MS 42  
Sacramento, CA 95814-5512

**If you have questions call: (916) 654-4147**  
email: [pubprog@energy.state.ca.us](mailto:pubprog@energy.state.ca.us)